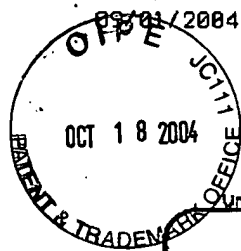


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PAGE 02



PTO/SB/82 (09-03)  
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**REVOCATION OF POWER OF  
 ATTORNEY WITH  
 NEW POWER OF ATTORNEY  
 AND  
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/786,959
Filing Date	26 February 2004
First Named Inventor	Toraki
Art Unit	NA
Examiner Name	NA
Attorney Donkey Number	QMT-11C

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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 Customer Number:

003775

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	William Toraki		
Signature			
Date	Sept 4, 2004	Telephone	x 352-379-0611

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/62 (09-03)  
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/788,859
	Filing Date	25 February 2004
	First Named Inventor	Toreki
	Art Unit	NA
	Examiner Name	NA
	Attorney Docket Number	QMT11C-US

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☒ I hereby appoint the practitioners associated with the Customer Number: 003776

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 003776

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Gerald Olderman		
Signature	<i>Gerald M. Olderman</i>		
Date	Sept. 15, 2004	Telephone	781-271-0883

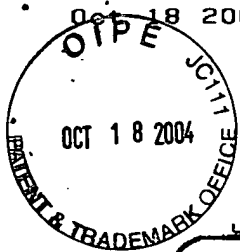
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/788,959
Filing Date	25 February 2004
First Named Inventor	Toreld
Art Unit	NA
Examiner Name	NA
Attorney Docket Number	QMT1.1C-US

I hereby revoke all previous powers of attorney given in the above-identified application.

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003776

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Customer Number:

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OR

☐ Firm or  
Individual Name

Address

Address

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State

Zip

Country

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(u) is enclosed. (Form PTO/SB/56)

**SIGNATURE of Applicant or Assignee of Record**

Name Gregory Staab

Signature

Date

Sept. 20, 2004

Telephone

352-379-0811

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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